

REPLY TO: HOVENSA L.L.C. 1 Estate Hope Christiansted, VI 00820-5652

July 7, 2010

CERTIFIED MAIL NO.: 7008 1830 0004 0473 1174
RETURN RECEIPT REQUESTED

Mr. Carlos E. O'Neill
U. S. EPA – Caribbean Environmental Protection Division
Centro Europa Building
Suite 417
1492 Ponce de Leon Avenue
Santurce, PR 00907-4127

Subject:

Asbestos Renovation Notification

Dear Mr. O'Neill:

The attached Notification of Asbestos Demolition and Renovation is made pursuant to 40 CFR 61.145 (b).

If you have any questions or need additional information, please contact Corin Kaough at (340) 692-3727 or the undersigned at (340) 692-3774.

Sincerely.

Kathleen C. Antoine CEnvironmental Director

KCA/CK/lm

Attachment

CC:

Michael Petievich

Eric Moschallski Danny Reed

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

| Operator Project # | Postmark | stmark | | Date Received | | Notification # | | | | | |
|--|--|--------------------------|--------------------|-------------------------------|-------------------|-------------------------------|--|--|--|--|--|
| I. Type of Notification (check | one): | e): X Original Revised C | | Cance | celed | | | | | | |
| II. Facility Description | | | | | | | | | | | |
| Building Name: Old Hovensa QC Laboratory | | | | | | | | | | | |
| Address: #1 Estate Hope | | | | | | | | | | | |
| City: Christiansted | City: Christiansted State: VI Zip Code: 00820 County: USVI | | | | | | | | | | |
| Site Location : Old QC Laboratory Inside Hovensa | | | | | | | | | | | |
| Building Size (square feet): 5000 # of Floors: 1 Age in Years: 40 | | | | | | | | | | | |
| Present Use: unoccupied Prior Use: Quality Control Laboratory | | | | | | | | | | | |
| III. Type of Operation (check of | | | mo X Renovation | on Emergency | y Renovation | Fire Training | | | | | |
| IV. Is Asbestos Present? (check one): X Yes No | | | | | | | | | | | |
| V. Facility Information | | | | | | | | | | | |
| Owner Name: HOVENSA | | | | | | | | | | | |
| Address: #1 Estate Flor | Address: #1 Estate Hope | | | 7: | ip Code: 00820 | | | | | | |
| | City: Christiansted | | | | Fax: 340-692-3321 | | | | | | |
| Contact: David Altom | | | ohone: (340) 692 | | rax: o.c co | | | | | | |
| Removal Contractor Name: Turner St.Croix | | | | | | | | | | | |
| Address: #1 Estate Ho | | | \/I | | 00820 | | | | | | |
| City: Christiansted | City: Christiansted | | | Zı | Zip Code: 00820 | | | | | | |
| | | Telep | ohone: (340) 092 | 2-3249 | Fax: | | | | | | |
| Other Operator (demolition/general: N/A | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | and the second s | | State: 7 | | ip Code: | | | | | | |
| Contact: | | Telephone: () | | | | _ Fax: | | | | | |
| VI. Procedure, including analy | tical methods, empl | oyed to dete | ct the presence of | and to estimate t | he quantity of RA | CM and | | | | | |
| Category I and Category II non-friable ACM: | | | | | | | | | | | |
| EPA/600/R-93/116 July 1993 PLM with dispersion staining. | | | | | | | | | | | |
| VII. Approximate Amount of Asbestos Materials: 1200 59 ft | | | | | | | | | | | |
| ., | | RACM to be Removed | | Non-friable Asbestos Material | | Non-friable Asbestos Material | | | | | |
| | RACM to be | | | emoved | NOT to be Removed | | | | | | |
| | | | Category I | Category II | Category I | Category II | | | | | |
| Pipes (linear feet) | | | N/A | N/A | N/A | N/A | | | | | |
| Surface Area (square feet) | | | | 1200 | N/A | N/A | | | | | |
| Facility Components (cubic feet) | | | | N/A | N/A | N/A | | | | | |
| VIII. Scheduled Dates Demolition or Renovation: Start: 7/28/10 Complete: 8/27/10 | | | | | | | | | | | |
| IX. Dates for Asbestos Removal (MM/DD/YY) Start: 7/28/10 Complete: 8/27/10 | | | | | | | | | | | |
| Days of the Week: Monday | Tuesday | Wednesd | | Friday | Saturday | Sunday | | | | | |
| Hours of Operation: 07:00-15: | | 07:00-15 | | 30 07:00-15:3 | 0 N/A | N/A | | | | | |

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

| X. | Description of planned Demolition or Renovation work to be por renovation techniques to be used and description of affects | performed and ed facility com | d method(s) to ponents: rem | be employed, includ oval of lab bench | ing demolition tops | | | | | |
|--------|---|----------------------------------|--------------------------------|--|------------------------|--|--|--|--|--|
| XI. | Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: remove lab counter tops; wrap with 4 mil poly, label and dispose of correctly. | | | | | | | | | |
| XII. | Waste Transporter #1 | | | | | | | | | |
| | Name: Turner St.Croix Maintenance Inc. | | | | | | | | | |
| | Address: #1 Estate Hope | | | | | | | | | |
| | City: Christiansted | State: | VI | Zip Code: | 00820 | | | | | |
| | Contact: Jeff Nations | Telephone: | (340) 69 | 2-9982 | | | | | | |
| | Waste Transporter #2 | | | | | | | | | |
| | Name: N/A | | | | | | | | | |
| | Address: | | | | | | | | | |
| | City: | State: | | Zip Code: | | | | | | |
| | Contact: | Telephone: | () | | | | | | | |
| XIII. | Waste Disposal | | | | | | | | | |
| | Name: On-Site Waste Disposal - Asbestos Landfill | | | | | | | | | |
| | Address: #1 Estate Hope | | | | | | | | | |
| | City: Christiansted | State: | | Zip Code: | 00820 | | | | | |
| | Contact: Jeff Nations | Telephone: | (/ | 92-3249 | | | | | | |
| XIV. | Emergency Demolition (complete Item XIV only if this project i | is an Emergenc | ey Demo.) | | | | | | | |
| | 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: Title: | | | | | | | | | |
| | Name of Authority Issuing Order: Authority of Order (Citation of Code): | | | THC. | | | | | | |
| | 4. Date of Order (MM/DD/YY): | Date Ordered to Begin | | | | | | | | |
| XV. | Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) | | | | | | | | | |
| | 1. Date and Hour of the Emergency: | | | | | | | | | |
| | 2. Description of the Sudden, Unexpected Event: | | | | | | | | | |
| | 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. | | | | | | | | | |
| XVI. | . Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Shut down work; wet material; perform regulated cleanup; perform air monitoring | | | | | | | | | |
| XVII. | I certify that an individual trained in the provisions of NESHA | AP (40 CFR P | ART 61, SUBP | ART M) will be on- | site during the | | | | | |
| | Demolition or Renovation, and evidence that the req available during normal business hours. | uirea training | nas been acco | inpusited by this per | SUII WIII DE | | | | | |
| | 1 | MInlin | - m | 1111 | . 1 | | | | | |
| , | Signature of Owner/Operator | Date | Typ | Nations Su | Title | | | | | |
| | | | | | | | | | | |
| XVIII. | I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. | | | | | | | | | |
| | 1 -12 | . / | - 00 | 11. | | | | | | |
| | Signature of Owner/Operator | 7/7/10 | Jeff | Nations Sup e or Print Name and | erintendent | | | | | |
| | //Signature of Owner/Operator | / Date | тур | e or Frint Name and | 1 11110 | | | | | |